



REIMBURSEMENT CLAIM FORM

109 Governor Street
Madison Bldg., Ste UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600

Name of Instructor: _____ SSN: _____ - _____ - _____
[print]

Reimbursement payments may only be made to the individual who contracts with the Office of EMS to teach the reimbursed course. Only one Reimbursement Claim form may be submitted for payment for each course.
*Payment may only be made to the individual named above or a business in which this person is the sole proprietor or a principal partner.

REIMBURSEMENT INFORMATION:

*Make Payment to: _____
FIN or
Mailing Address: _____ SSN: _____

[city] [state] [zip]

Home Phone: (____) _____ Business Phone: (____) _____

Type of Program Taught: _____ Course #: _____

Date Course Began: _____ Ended: _____

Hours Taught for Reimbursement _____

Number of Students at third lesson of course: _____

Number of Students completing course: _____

I hereby certify that all information given on this Reimbursement Claim Form is correct and that I did not receive payment from any unapproved source for teaching this course.

[SIGNATURE]

[DATE]

Office of EMS use only:

Number of hours requested for payment: _____

Amount paid for course: \$ _____ X _____ = \$ _____

Date Processed: _____ Total amount paid: \$ _____

Approved by: _____ Variance: _____

This form may be submitted directly to the Office of EMS or to State Test Site Staff.
Instructor is encouraged to keep a copy for personal records.
(Original form required for payment. - Fax or copy not acceptable)